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**FJ Trevor Burke**

## An action list for the new CDO

The Chief Dental Officer for England and Wales, Mr Barry Cockcroft CBE recently announced his impending retirement after many years of gallant service, and the Department of Health are presently seeking his replacement. The new CDO will have the opportunity to take a fresh look at things, as anyone taking up a new position should do, so what will be on his or her checklist?

First, in my view, the new new new contract. The so-called Steele Report<sup>1</sup> was published in 2009 and was critical of the Unit of Dental Activity (UDA) system for remuneration of NHS dentists in England and Wales, yet, almost six years on, NHS dentists are still wrestling with this. Many dentists have walked with their feet, either into the private sector or north of the Border. The pilots which were initiated – because of the correctly-held view that a new system should be tried out prior to implementation (which UDAs were not!), have been extended at least twice and, with the election in May of this year approaching, there will be a backlog of things to sort out for the new Government and it looks likely that, unless robust action is taken by the new CDO, the new payment system might not be implemented until 2017 at the earliest. This is too long since the Steel Report findings were published. The new CDO must, with urgency, assimilate the knowledge that has been gained from the pilots thus far, draw a line in the sand, and get the new new new dentists' contract up and running at the earliest opportunity. Changing the patient Oral Health Assessment to one which is more manageable in terms of data collection and less time consuming should be part of this.

Still on the subject of UDAs, it is grossly unjust that some Community Clinics who treat Special Needs patients are dependant for their funding on the UDA system, when everyone knows how difficult and time-consuming the treatment of this group can be. The dentists who treat these patients are, in my view, under enough pressure without the added pressure of ensuring a patient throughput similar to dentists treating fit and well patients. This needs to be addressed urgently because, increasingly, the Community Dental Service does the firefighting for the rest of us (God bless them!), by treating patients who have difficulty accessing dental care in general practice because of complex medical histories, phobias, learning difficulties or physical disabilities.

The Minamata Agreement to reduce the use of mercury worldwide was signed by representatives of the UK Government in October 2013. The reduction in the use of amalgam forms Annex A Part 2 of this document, yet nothing has been done to ensure that dentists working within the NHS Regulations will not be seriously disadvantaged by having to use alternative materials (such as resin composite) which take up to 2.5 times longer to place<sup>2</sup>. This might well require additional funding (which I know will be difficult), but a new CDO might have to be robust if we are not to renege on our agreement, unless a miracle happens and a novel non-mercury-containing alternative which can be placed as swiftly as amalgam appears before 2017.

Readers can doubtless think of many other things which need addressing, but my last, in the space available, is to suggest a return to the collection of information on the ultimate marker of quality of care, the survival of treatment. This quality marker should be central to the contract alongside other markers and, to achieve this, needs a return to collection of tooth-level data such as was suggested by Jimmy Steele and his team. This seems shamefully absent from any of the different types of pilot.

Whoever gets the job deserves our full support, wrestling, as (s)he will have to do, with the desires and demands of the NHS and the cash-limited nature of the system. I mentioned miracles earlier – perhaps praying for increased funding might be a start!

I apologize for the England/Wales centric nature of this Comment, but can see that there is the usual range of great material in this first issue of *Dental Update* in 2015 to interest you, including the fastest moving topic that I can recall having covered in *Dental Update* (the superb update on Ebola).

I wish you all well for 2015, including the new CDO for England and Wales.

**References**

1. *An independent review of NHS Dental Services in England*. An independent review led by Professor Jimmy Steele. London: DH Publications, June 2009.
2. Burke FJT. Attitudes to posterior composite filling materials: a survey of 80 patients. *Dent Update* 1989; **16**: 114–120.

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